24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	<u> </u>		
Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼		
	C C00504530		
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
American Media & Advocacy Group	M M / D D / Y Y Y Y		
Mailing Address	10 18 2016		
Mailing Address 815 Slaters Lane	Amount		
City. Chata 7in Code	742002 44		
City State Zip Code Alexandria VA 22314	743083.44 Transaction ID : 001		
	Date of Disbursement or Obligation		
Purpose of Expenditure Media placement Category/ Type 004	10 07 7 2016		
Name of Federal Candidate Support Offic	e Sought: X House District: 08		
Nolan, Rick, , ,	President Senate State: MN		
Calendar Year-To-Date Disb	ursement For: Primary X General		
Per Election for Office Sought 1772166.69 2016			
Full Name of Payee	Date of Public Distribution/Dissemination		
American Media & Advocacy Group	10 18 2016		
Mailing Address 815 Slaters Lane	10 10 2010		
0.0 0.00.0 20.0	Amount		
City State Zip Code	44945.52		
Alexandria VA 22314	Transaction ID: 002		
Purpose of Expenditure	Date of Disbursement or Obligation		
Media placement Category/ Type 004	10 14 2016		
Name of Federal Candidate Support Office	ee Sought: 🗶 House District: 08		
Nolan, Rick, , ,	President Senate State: MN		
	pursement For: Primary X General		
Calendar Year-To-Date Per Election for Office Sought 1817112.21 Disc 2010			
(a) SUBTOTAL of Itemized Independent Expenditures	788028.96		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(a) TOTAL Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·		
Crosby, Caleb, , , [Electronically Filed] Date	10 20 2016		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI ENDI	TOTILO		PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund				C C00504530
Check if 24-hour report 🗶 48-hour report	× New repo	ort Amends repo		= M / D = D / Y = Y = Y = Y
Full Name of Payee dmm Media				of Public Distribution/Dissemination
Mailing Address 1911 N. Fort Meyer Drive			Amou	10 18 2016 nt
Suite 400				
City S Arlington	State VA	Zip Code 22209		14949.87 action ID : 003 of Disbursement or Obligation
Purpose of Expenditure Media production		Category/ Type 004	M	10 19 2016
Name of Federal Candidate		Cupport	Office Sough	t: X House District: 08
Nolan, Rick, , ,		Support Oppose	Preside	AAN
Calendar Year-To-Date Per Election for Office Sought		1832062.08	Disbursement 2016 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
dmm Media				10 18 2016
Mailing Address 1911 N. Fort Meyer Drive			Amou	nt
Suite 400	01-1-	7's Oads		0700.54
City S Arlington	State VA	Zip Code 2789.54 22209 Transaction ID : 004 Date of Disbursement or Obligation		
Purpose of Expenditure Media production		Category/ Type 004	M	10 19 / 2016
Name of Federal Candidate		Support	Office Sough	nt: X House District: 08
Nolan, Rick, , ,		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		1834851.62	Disbursemen 2016 O	at For:
(a) SUBTOTAL of Itemized Independent Expenditures				17739.41
				7 7 7
(b) SUBTOTAL of Unitermized Independent Expenditure	es		·· •	7 7 7
(c) TOTAL Independent Expenditures			>	805768.37
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Crosby, Caleb, , ,	[Electroni	cally Filed] Date	e 10	20 / 2016
Signature				